Los Angeles County Sheriff's Department
Officer Involved Shooting

Report Date: 10/13/2018	Bureau/Station/Facility: Temple Station	Admin. Invest.? ☐	Hit? ☑

Incident Information

URN: 018-05609-0560-057	Date: 5/8/2018 Time: 2331
City or Station: Temple Station	Nature of Incident: Deputy Barr, during a ped stop, contacted the suspect. The suspect displayed a handgun in his waistband and reached for it. Deputy Barr fired one non-fatal round, to the suspects chest.
Location: Northwest corner of Seaman Avenue and Giovane Street, El Monte CA 91733	

Location Type (*check one or more*):
☐ Backyard
☐ Beach
☐ Business
☐ Freeway
☐ Industrial
☐ Park
☐ Parking Lot
☐ Residence
☐ Rural
☐ School
☑ Street
Other:

Lighting (*check only one*):
☐ Darkness
☐ Daylight
☐ Other
☑ Street Lights

Weather (*circle only one*):
☑ Clear
☐ Cloudy
☐ Fog
☐ Rain

Distance:

Incident Type (*check one or more*):
☐ Accidental
☑ Armed Person
☐ Fleeing Suspect
☐ Foot Pursuit
☐ Gun Take Away
☐ Moving Vehicle
☐ Sniper/Ambush
☐ Startle
☐ Struggle Involved
☐ Traffic Stop
☐ Unarmed Person
☐ Unintentional
☐ Vehicle Pursuit
☐ Warrant Service
☐ Warning Shot
Other: Pedestrian stop

Initiated by (*check only one*):
☐ Arrest Warrant
☐ Call
☑ Observation
☐ One Person Unit
☐ Other
☐ Search Warrant
☐ Two Person Unit

Prior Activity (*check only one*):
☐ Detective
☐ Inmate Transport
☐ Other
☑ Routine Patrol

Aero Unit? ☐ Canine Unit? ☐

Total # of Shots Fired by Deputy	Total # of Shots Fired by Suspect
1	0

Employee Witnesses

Employee #	Last Name	First Name	M.I.	ShiftTime (*check only one*)	ShiftType (*check only one*)
[redacted]	Flores	Christopher	S.	☑ EM ☐ PM ☐ Day	☑ Regular ☐ Overtime ☐ Off Duty
[redacted]	Austin	Maurice	A.	☑ EM ☐ PM ☐ Day	☑ Regular ☐ Overtime ☐ Off Duty
[redacted]	Arcila	Andres	F.	☐ EM ☑ PM ☐ Day	☑ Regular ☐ Overtime ☐ Off Duty

Non-Employee Witnesses

Last Name		First Name		M.I.
Street Address	City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address	City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address	City	Zip Code	Work Ph	Home Ph

Supervisors

Employee #	Last Name	First Name	M.I.	(*check one or more*)
[redacted]	Austin	Maurice	A.	☑ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting
				☐ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting

Watch Sergeant

Employee #	Last Name	First Name	M.I.
[redacted]	Villagomez	Armand	G.

Watch Commander

Employee #	Last Name	First Name	M.I.
[redacted]	Lewis	Richard	L.

PSTD Use Only

SH # ____________

SUPPLEMENTAL EMPLOYEE WITNESSES
Los Angeles County Sheriff's Department

Employee Witnesses

Last Name	First Name	M.I.	Street Address	Zip Code	Work Ph	Home Ph
Barrios	Jaime	A.	8838 E. Las Tunas Drive	91780	626-285-7171	

Officer Involved Shooting

URN: 018-05609-0560-057

Rollout Information

Arrival Date	Arrival Time	Date Submitted	Date of Recommendation
5/9/2018	0300	10/17/2019	

Employee #	Last Name	First Name	M.I.
[redacted]	Carter	Quitman	V.
[redacted]	Reedy	Stacie	R.
[redacted]	Moore	David	L.

Shooting / Force Information

Method

(AW) Arwen
(BC) Baton:(Control)
(BI) Baton:(Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds:(Control Techniques)
(TT) Control Holds:(Team Takedown)
(TD) Control Holds:(Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device:Hobble (Legs Only)
(TP) Restraint Device:Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(AK) AK-47
(BN) Benelli
(BR) Beretta
(BW) Browning
(CH) Charter Arms
(CO) Colt
(DA) Davis Industries
(GL) Glock
(HA) Harrington & Richardson
(HI) Hi Standard
(HK) H & K
(IT) Ithica
(IV) Iver Johnson
(JE) Jennings
(LO) Lorcin
(LU) Luger
(MA) Marlin
(MO) Mossberg
(NC) NCI aka SKS
(NA) North American
(NO) Norinco
(RA) Raven
(RM) Remington
(RG) RG
(RI) RGI
(RO) Rossi
(SW) Smith & Wesson
(SR) Sturm Ruger
(SS) SIG Sauer
(ST) Sterling
(TA) Taurus
(WE) Weatherby
(WN) Winchester
(US) US Government
(YY) Handmade (Inmate)
(XX) Homemade (Non-Inmate)
(ZZ) Other Brand

Caliber

(9) 9 mm
(10) 10 mm
(12) 12 guage
(20) 20 guage
(21) .22-250
(22) .22 caliber
(23) .223 caliber
(24) .243 caliber
(25) .25 caliber
(30) .308 caliber
(35) .357 caliber
(36) 30-60 caliber
(38) .38 caliber
(40) .40 caliber
(41) .410 guage
(44) .44 caliber
(45) .45 caliber
(50) 50 mm
(SL) Slug
(WW) Other caliber

FORCE APPLIED *(one code per block)*

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1	FO	ZZ	WW	N	N	NN	
E#1	S#1	FH	SW	9MM	Y	Y	GS	CH

See Front Side

Officer Involved Shooting
Involved Employee Information

URN: 018-05609-0560-057

Involved Employee

E 1

Employee # [redacted]	Last Name: Barr	First Name: Brandon	M.I.: D.
Sex: M Race: B	Rank: DSG	Unit Assignment: Temple	Work Assignment (Unit #, Module, etc.): 53F
ShiftTime (*circle only one*): ☐ EM ☑ PM ☐ Day	ShiftType (*circle only one*): ☑ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☐
Hrs of sleep prior to shooting: 10-14	Duty Time (hrs): [redacted]	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☑ Uniform w/ Vest	Other Factors:
Age: [redacted] Height: 5'11"	Weight: 200		
Range Qualification Date: [redacted]	PPC Qualification Date: [redacted]		Laser Training Date: [redacted]
Certified with Weapon Used? [redacted]	Patrol Certification? [redacted]	Certification Unit: [redacted] Prior Shootings? [redacted]	Number of Prior Shootings: [redacted] Directed Force: [redacted]
Weapons Fired Brand: Smith & Wesson	Caliber: 9mm # Shots: 1	Weapons Fired Brand:	Caliber: # Shots:
Field Training Officer Emp # [redacted]	Last Name [redacted]	First Name [redacted]	M.I. [redacted]
Field Training Officer Emp # [redacted]	Last Name [redacted]	First Name [redacted]	M.I. [redacted]

E __

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:		Laser Training Date:
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit: Prior Shootings? ☐	Number of Prior Shootings: Directed Force: ☐
Weapons Fired Brand:	Caliber: # Shots:	Weapons Fired Brand:	Caliber: # Shots:
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

E __

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:		Laser Training Date:
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit: Prior Shootings? ☐	Number of Prior Shootings: Directed Force: ☐
Weapons Fired Brand:	Caliber: # Shots:	Weapons Fired Brand:	Caliber: # Shots:
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

See Other Side

Officer Involved Shooting
Suspect Information

URN: 018-05609-0560-057

Suspect Information

S 1

Last Name: Contreras	First Name: Michael	M.I.: E.
AKA Last Name:	First Name:	M.I.:
Sex: M Race: Hispanic	Street Address: [redacted] City: [redacted]	State & Zip Code: [redacted]
Work Phone: [redacted]	Home Phone: [redacted] Social Security #: [redacted]	Driver's License #: [redacted]
Age: 21 D.O.B. 6/14/1996	Height: 5'09 Weight: 187 FBI #: [redacted]	CII #: [redacted]
Booking # 5308238	Primary Charge: 69PC	Secondary Charge:
Coroner Case? ☐	Coroner Case # Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☑	Apprehended? ☑ Mental Illness? ☐	Criminal History? [redacted]
Vehicle Make: Model:	Year: Parole: [redacted] Probation: [redacted]	Prior Felony Conviction: [redacted]

S

Last Name:	First Name:	M.I.:
AKA Last Name:	First Name:	M.I.:
Sex: Race:	Street Address: City:	State & Zip Code:
Work Phone:	Home Phone: Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight: FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:
Coroner Case? ☐	Coroner Case # Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐ Mental Illness? ☐	Criminal History? ☐
Vehicle Make: Model:	Year: Parole: Probation:	Prior Felony Conviction:

S

Last Name:	First Name:	M.I.:
AKA Last Name:	First Name:	M.I.:
Sex: Race:	Street Address: City:	State & Zip Code:
Work Phone:	Home Phone: Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight: FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:
Coroner Case? ☐	Coroner Case # Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐ Mental Illness? ☐	Criminal History? ☐
Vehicle Make: Model:	Year: Parole: Probation:	Prior Felony Conviction:

S

Last Name:	First Name:	M.I.:
AKA Last Name:	First Name:	M.I.:
Sex: Race:	Street Address: City:	State & Zip Code:
Work Phone:	Home Phone: Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight: FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:
Coroner Case? ☐	Coroner Case # Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐ Mental Illness? ☐	Criminal History? ☐
Vehicle Make: Model:	Year: Parole: Probation:	Prior Felony Conviction:

See Other Side